## FORM 68-H-1

## **INCOME AND EXPENSE STATEMENT OF**

	PETITIONER/RESPONDENT	
	Social Security Number	
1.	INCOME	
	A. Name and address of employer	
	Gross Wages, Salary and Commission per month:	\$
	B. Additional Gross Income from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income):	\$
	RAGE MONTHLY GROSS TOTAL WAGES, SALARY, COMMISSION, THER INCOME:	\$
2.	Your share of the gross income on last year's Federal Tax Return: \$	
3.	ACTUAL OR ESTIMATED EXPENSES stated on a MONTHLY average: (If estimated, designate by adding "E" behind the amount)	\$
	A. Rent or mortgage payments B. Utilities	<b>\$</b>
	1. Gas \$ 2. Water \$ 3. Electricity \$ 4. Telephone \$ 5. Trash Service \$ 6. Cable \$	_
		\$

2. Maintenance (routine) 3. Taxes and Licenses 4. Payment on Auto Loan  S. D. Insurance 1. Life 2. Health and Accident 3. Disability 4. Homeowners 5. Automobile  E. Total payment on Installment Contracts F. Child Support Paid to Others for Children not in your Custody G. Maintenance or Alimony H. Church and Charitable Contributions 1. Food 2. Clothing 3. Medical Care 4. Prescription Drugs 5. Dental Care 6. Recreation 7. Laundry and Cleaning 8. Barber Shop 9. Beauty Shop 10. School and Books 11. Extra curricular activities  S. Clauding and Clear activities  S. S	1. Gas and Oil	\$		
## A. Payment on Auto Loan ## S		\$		
D. Insurance  1. Life 2. Health and Accident 3. Disability 4. Homeowners 5. Automobile  E. Total payment on Installment Contracts  F. Child Support Paid to Others for Children not in your Custody  G. Maintenance or Alimony  H. Church and Charitable Contributions  I. Other Living Expenses  For you  For Children  1. Food 2. Clothing 3. Medical Care 4. Prescription Drugs 5. Dental Care 6. Recreation 7. Laundry and Cleaning 8. Barber Shop 9. Beauty Shop 9. Beauty Shop 10. School and Books 11. Extra curricular activities  S. Laundres 2. Reading material & TV 3. Gifts  S. Laundries 2. Reading material & TV 3. Gifts  S. Laundries 3. Medical Care 4. Prescription Drugs 5. Datal Care 6. Recreation 7. Laundry and Cleaning 8. S.			<del></del> -	
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For you	H. Church and Charitable Contributions			\$_
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2. Clothing       \$        \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$        \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$        \$	1 Food			
3. Medical Care \$				
4. Prescription Drugs       \$				
5. Dental Care \$				
7. Laundry and Cleaning \$\$  8. Barber Shop \$\$  9. Beauty Shop \$\$  10. School and Books \$\$  11. Extra curricular activities \$\$  \$\$  5. J. Day Care or Babysitter: \$\$  K. All other expenses not presently identified (give a monthly average.)  1. Sundries \$\$  2. Reading material & TV \$\$  3. Gifts \$\$		\$	\$	
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2. Reading material & TV \$ 3. Gifts \$	K. All other expenses not presently identified	(give a monthly	average.)	
3. Gifts \$				
4. Home Maintenance \$ \$				
	4. Home Maintenance		\$	
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STATE OF MISSOURI	)
County of	) SS. )
Comes now duly sworn on oath states that Affiant has rea Expenses, and the answers given therein are belief.	
	Affiant
Subscribed and sworn to before me or	n this
	Notary Public
My Commission Expires:	